

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90037 038 \*\*\*150.00

**DOCUMENT # 753191**

1. Entity Name  
**PALM BEACH HARBOUR CLUB ASSOCIATION, INC.**



Principal Place of Business  
**3545 SOUTH OCEAN BLVD  
PALM BEACH, FL 33480**

Mailing Address  
**3545 SOUTH OCEAN BLVD  
PALM BEACH, FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2125254**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LEUINE, JAY S  
2500 N. MILITARY TRAIL  
SUITE 275  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **SERGIACOMI, LOUIS**  
STREET ADDRESS **3545 S. OCEAN BLVD., #208**  
CITY-ST-ZIP **S PALM BCH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **RAYMOND, LOVELL**  
STREET ADDRESS **3545 S OCEAN BLVD**  
CITY-ST-ZIP **S. PALM BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **RAYNOR, ROBERT**  
STREET ADDRESS **3545 S OCEAN BLVD #409**  
CITY-ST-ZIP **S. PALM BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **CLAYMON, DONALD**  
STREET ADDRESS **2548 S OCEAN BLVD #410**  
CITY-ST-ZIP **S. PALM BCH, FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3545 S OCEAN BLVD**  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **L H, DIANE**  
STREET ADDRESS **3445 S PENNY BLVD #407**  
CITY-ST-ZIP **S PALM BEACH, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **CLARE SOMER**  
STREET ADDRESS **3545 S OCEAN BLVD #111**  
CITY-ST-ZIP **S PALM BEACH FL**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/2006**

Date

**581-2387**

Daytime Phone #